

TOWN OF CEDAR POINT

Official Use Only:
REZONING CASE #
RZ-



APPLICATION FOR A REZONING REQUEST

Please provide the following information:

Name of applicant _____

Address Local _____

Non-local _____

Telephone Local _____ Non-local _____

Description of property: Zoning _____ Flood Zone: _____

Street address _____

Tax Parcel Number _____ Lot/Blk _____

1. What action is requested?

2. Describe, in your own words, why the rezoning request is necessary?

3. In your opinion, how will the rezoning request be of benefit to you if approved?

4. How will the Town of Cedar Point and/or the community benefit from the rezoning of this property?

5. List the names and addresses of all abutting property owners and the owners of property immediately across the street from the property affected. The list shall be current according to the most recent tax listing abstract as filed in the office of the Carteret County Tax Supervisor.

I certify that the information presented by me in this application is accurate to the best of my knowledge, information, and belief.

Signature of applicant

Date

STATE OF _____, COUNTY OF _____

On this _____ day of _____, 20 _____

_____ personally appeared before me and is known to me to be the person who signed the foregoing instrument and he/she acknowledged that he/she signed the same and being duly sworn by me, made oath that the statements in the foregoing instrument are true.

Signature of Notary Public _____

My Commission expires _____